Complete Summary

TITLE

Child and adolescent major depressive disorder: percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

SOURCE(S)

Physician Consortium for Performance Improvement®. Child and adolescent major depressive disorder physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 30 p. [13 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

RATIONALE

Research has shown that patients with major depressive disorder are at a high risk for suicide, which makes this assessment an important aspect of care that should be assessed at each visit.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

The evaluation must include assessment for the presence of harm to self or others. (American Academy of Child and Adolescent Psychiatry [AACAP], 2007)

Suicidal behavior exists along a continuum from passive thoughts of death to a clearly developed plan and intent to carry out that plan. Because depression is closely associated with suicidal thoughts and behavior, it is imperative to evaluate these symptoms at the initial and subsequent assessments. For this purpose, low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can be used. Also, it is crucial to evaluate the risk (e.g., age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (e.g., religious belief, concern not to hurt family) that might influence the desire to attempt suicide. The risk for suicidal behavior increases if there is a history of suicide attempts, comorbid psychiatric disorders (e.g., disruptive disorders, substance abuse), impulsivity and aggression, availability of lethal agents (e.g., firearms), exposure to negative events (e.g., physical or sexual abuse, violence), and a family history of suicidal behavior. (AACAP, 2007)

The American Psychiatric Association recommends that psychiatric management include an evaluation of the safety of the patient and others. The components of an evaluation for suicide risk should include 1) an assessment of the presence of suicidal or homicidal ideation, intent, or plans, 2) access to means for suicide and the lethality of those means, 3) presence of psychotic symptoms, command hallucinations, or severe anxiety, 4) presence of alcohol or substance use, 5) history and seriousness of previous attempts, and 6) family history or recent exposure to suicide. (American Psychiatric Association [APA], 2000)

PRIMARY CLINICAL COMPONENT

Child and adolescent major depressive disorder; suicide risk assessment

DENOMINATOR DESCRIPTION

All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder

Note: Refer to the original measure documentation for administrative codes.

NUMERATOR DESCRIPTION

Patient visits with an assessment for suicide risk

Note: Refer to the original measure documentation for administrative codes.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Practice parameters for the assessment and treatment of children and adolescents with depressive disorders.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Ages 6 through 17 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder

Note: Refer to the original measure documentation for administrative codes.

Exclusions
None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patient visits with an assessment for suicide risk

Note: Refer to the original measure documentation for administrative codes.

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #3: suicide risk assessment.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Child and Adolescent Major Depressive Disorder Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement®

DEVELOPER

Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Physician Consortium for Performance Improvement®. Child and adolescent major depressive disorder physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 30 p. [13 references]

MEASURE AVAILABILITY

The individual measure, "Measure #3: Suicide Risk Assessment," is published in "Child and Adolescent Major Depressive Disorder Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 2, 2009. The information was verified by the measure developer on April 13, 2009.

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